File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

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	Principal de la constant	

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		FORM	
(2)State PAC (3)State Party didate (7)School Board or Other Political	(DR-2 (Rev. 07/2007) Por Office Use Only Comm. #	
	=	Comm. #	
Political Party (if applicable)		Logged in	
Republican		Scanned	
District (if Senate or House)		Audited	
ursuant to lowa Code sections 68B.32A(7) and	68A.401(3), the candidate, for a	
041-782-0039		Oct 14, 2008	
TELEPHONE	-	DATE SIGNED	
		N-ELECTION YEAR.	
•			
L	ocal Co	mmittees, enter Date of Election	
of Dissolution Form DR-3	November 4, 2008		
i.)	hich Ek	Local Committees, enter County in ection is held	
	Union	County	
D			
cash on hand at the end	S	77.39	
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ule A) (*also see in-kind below)		300.00	
ich Schedule H)			
ach Schedule H) mittees Only)	*******		
mittees Only)		255.00	
		255.00	
mittees Only) SUB-TOTAL	\$	255.00	
SUB-TOTAL (**also see debts and loans below)	\$	377.39	
SUB-TOTAL (**also see debts and loans below) le F)	\$	377.39 283.73	
SUB-TOTAL (**also see debts and loans below) le F)	\$	377.39 283.73 93.66	
SUB-TOTAL (**also see debts and loans below) le F) oort balance must be zero)	\$	377.39 283.73 93.66	
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sub-total (**also see debts and loans below) le F) bort balance must be zero) dule E)	\$	377.39 283.73 93.66	
	Political Party (if applicable) Republican District (if Senate or House) Pursuant to lowa Code sections 68B.32A((2) State PAC (3) State Party didate (7) School Board or Other Political Board or Other Political Subdivision PAC (Political Party (if applicable) Republican District (if Senate or House) Pursuant to lowa Code sections 68B.32A(7) and the political sections for the political section for the polit	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
Committee to Elect Busch, Treasurer	MAIC	NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND RAISEF
8/04/08	ID# CK#	Terry Loomis, PSC 45 Box 388 APO, AE 09468-0388	uncle	\$100.00	INCOM
9/4/08	ID# CK#	Mary Jo & Gary Borcherding 806 N Poplar, Creston, IA 50801	parents	100.00	
9/19/08	ID# CK#	Union County Republicans 620 1/2 New York Ave, Creston, IA 50801		100.00	
	ID# CK#				
	ID# CK#				
V V V V V V V V V V V V V V V V V V V	ID# CK#				
	ID# CK#				
	ID#				
	CK#				
	CK#				<u> </u>
	CK#				
		TOTAL //filest nam	SUB-TOTAL	\$ 300.00	
Disclosure law ma		TOTAL (if last pag	e of this schedule)	\$ 300.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

MONETARY

Reset Form

Reset	Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be	same as on	Statement o	f Organization)

Committee to Elect Busch, Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/6/08	ID# CK#1001	Signs by CAC 118 W Union St, Creston IA 50801	yard signs w/wire stake	\$ 246.10
)/19/08	ID# CK# ₁₀₀₂	Walmart 806 Laurel St, Creston, IA 50801	candy, parade	37.63
	ID# CK#			
	ID#			
	ID# CK#			
	ID#		**	
	CK#			
	CK#			
	ID# CK#			
			SUB-TOTAL	\$ 283.73

TOTAL (if last page of this schedule)

\$ 283.73

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page 1	of ¹

R INSTRUCTIONS, S	EE BACK OF FORM		RESET	SCHEDULE	
MMITTEE NAME(Mu	st be same as on Statement of Organization)			F	LOA
ommittee to Elect B	· · · · · · · · · · · · · · · · · · ·			(Rev. 02/08)	RECE & REI
	ports money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD \$ 750.00	the committee	e account.	CHECK	
RT1 - MONETARY LO	OANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Incl	ude loans from candi	date's personal fi	unds.)
DATE	NAME AND ADDRESS OF LENDER				
RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANE	ELATIONSHIP TO DIDATE (If Applicable)	AMOUNT C	F LOAM
				\$	
DATE PAID	OAN REPAYMENTS MADE THIS REPORTING PERIOD IN must be reported on Schedule E — In-kind Contributions. NAME AND ADDRESS OF LENDER)	LATIONSHIP TO	AMOUNTS	
(MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDI	DATE* (If Applicable)	AMOUNT R	EPAID
				\$	
				<u> </u>	
					· · · · · · · · · · · · · · · · · · ·
	TOTAL CASH	REPAYMENT	S (PART II)	<u> </u>	
	From Schedule E TOT.			\$	
				7	
	TOTAL OUTSTANDING LOANS E		RT PERIOD	\$ 750.00	 -
ury a correspondent to t	TOTAL OUTSTANDING LOANS El	elative	RT PERIOD	\$	
isanguinity (blood relat	TOTAL OUTSTANDING LOANS Electromagnetic committees to disclose the relationship of any reference committee. Relationship must be shown to the third detives) and affinity (relatives by marriage). If surmame of count there is no familial relationship enter "not applicable" in	elative egree of	RT PERIOD Page1_	\$of	